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TO: **EXAMINER HOA Q. PHAM** FROM: **GUY V. TUCKER**
ATTN: MAIL STOP APPEAL BRIEFS - PATENTSCOMPANY: **UNITED STATES PATENT OFFICE** PHONE NUMBER: **650-631-3100**
GROUP ART UNIT: 2877FAX NUMBER: **1-571-273-8300** FAX NUMBER: **650-631-3125**PHONE NUMBER: DATE: **OCTOBER 3, 2005**

RE:

TOTAL NO. OF PAGES INCLUDING COVER: **24**☐ URGENT ☒ FOR REVIEW ☒ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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Practitioner's Docket No. 0053.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Normand Nantel et al.

Application No.: 09/731,317

Group No.: 2877

Filed: 12/06/2000

Examiner: Hoa Q. Pham

For: SYSTEMS AND METHODS FOR NON-DESTRUCTIVE MASS SENSING

Mail Stop Appeal Briefs - Patents

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF REVISED APPEAL BRIEF
(PATENT APPLICATION--37 C.F.R. § 1.192)

1. Transmitted herewith, is the REVISED APPEAL BRIEF in this application, in response to the Notification of Non-Compliant Appeal Brief (37 CFR 41.37) as mailed on April 1, 2005.
2. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

Applicant also encloses a Five month petition for extension of time.
The Examiner is hereby authorized to charge the fee of \$2,160.00 to
deposit account No. 500348 including any additional fee.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
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* Only the date of filing ('1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under '1.8 continues to be taken into account in determining timeliness. See '1.703(f). Consider "Express Mail Post Office to Addressee" ('1.10) or facsimile transmission ('1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

3. FEE FOR FILING APPEAL BRIEF

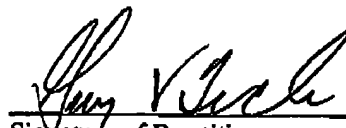
Pursuant to 37 C.F.R. § 1.17(c), the fee for filing the Appeal Brief was previously authorized on January 14, 2005 in the amount of \$340.00. However, if there is an additional fee due in this matter the Examiner is hereby authorized to charge Deposit Account Number 500348 in the amount of \$340.00.

4. FEE DEFICIENCY

If any additional extension and/or fee is required, and if any additional fee for claims is required, charge Deposit Account No. 500348.

Date: 03 OCT 2005

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Signature of Practitioner
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